

SERIAL NUMBER 09/090,119	FILING DATE 06/04/98	CLASS 395	GROUP ART UNIT 2784	ATTORNEY DOCKET NO. 777.090US1
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APPLICANT

MARK A. HALSTEAD, KIRKLAND, WA.

CONTINUING DOMESTIC DATA***

VERIFIED

Normal

371 (NAT'L STAGE) DATA***

VERIFIED

N/A

FOREIGN APPLICATIONS***

VERIFIED

None

FOREIGN FILING LICENSE GRANTED 06/26/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
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ADDRESS

SCHWEGMAN LUNDBERG WOESSNER & KLUTH 26389
P O BOX 2938
MINNEAPOLIS MN 55402

TITLE

PERSISTENT REPRESENTATIONS FOR COMPLEX DATA STRUCTURES AS INTERPRETED
PROGRAMS

FILING FEE RECEIVED \$976	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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SERIAL NUMBER 09/090,119	FILING DATE 06/04/98	CLASS 395 709	GROUP ART UNIT 2755 2151	ATTORNEY DOCKET NO. 777.090US1
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APPLICANT

MARK A.B. HALSTEAD, KIRKLAND, WA.

CONTINUING DOMESTIC DATA***

VERIFIED

none

371 (NAT'L STAGE) DATA***

VERIFIED

none

FOREIGN APPLICATIONS***

VERIFIED

none

FOREIGN FILING LICENSE GRANTED 06/26/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>UR</u>	Examiner's Initials _____ Initials _____				

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MINNEAPOLIS MN 55402

TITLE

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FILING FEE RECEIVED \$976	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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